

Notice of appeal against a decision by the Scheme

Administrator for the Diffuse Mesothelioma Payment Scheme

You should use this form to appeal against a decision by the Scheme Administrator for the Government's Diffuse Mesothelioma Payment Scheme (DMPS). If you need this form in an alternative format, please see the note on page 7.

Further guidance to help you fill in this form is available in booklet SSCS6A 'How to appeal against a decision made by the Scheme Administrator for the Diffuse Mesothelioma Payment Scheme'. You can download the booklet by visiting the justice website www.justice.gov.uk/Tribunals or www.gov.uk or you can contact the Scheme Administrator (Gallagher Bassett International) on 0131 331 9090 to request a printed copy to be sent through the post.

About this form

This form helps you provide all the information the tribunal requires to register your appeal. It will also ensure that your appeal contains all the necessary details which the law requires.

How to fill in this form

Please use black ink to fill in this form and use BLOCK CAPITALS unless the form tells you not to.

The sections which **must be completed** are Sections **1, 2, 5, 6 and 8**

- If you are appealing as the **Personal Representative of an applicant to the DMPS who has died**, you must also **complete Section 3**
- If you are **a representative** who is helping the applicant (or helping the Personal Representative of an applicant who has died) with this appeal, you must also **complete Section 4**
- If you want to **attend a hearing**, you must also **complete Section 7**

What to include with this form

You **must** include a copy of the **Outcome of Review Notice** sent to you by the Scheme Administrator which shows the decision you are appealing against. You do not need to include evidence or information you have already sent to the Scheme Administrator as they will send it to HM Courts & Tribunals Service (HMCTS) as part of their response.

Section 1 ABOUT THE DECISION YOU ARE APPEALING AGAINST

This section is about the **Outcome of Review Notice**. This is the letter sent to the applicant to the DMPS by the Scheme Administrator explaining that a review of the decision relating to the application has been carried out and setting out the outcome of that review.

Please tick this box to confirm that you have attached a copy of your **Outcome of Review Notice** with your appeal form

☐

Remember to include a copy of the Outcome of Review Notice with the appeal form. If you do not do so, HMCTS will be unable to register your appeal until this is provided.

Now go to Section 2 

Section 2 ABOUT THE APPLICANT

Please provide the following information about the applicant. The applicant is the person in whose name the application to the DMPS was made. This will either be the person with diffuse mesothelioma **OR** an eligible dependant of a person with diffuse mesothelioma who has died.

If you are the Personal Representative of an applicant who has died, please provide their details here and then also complete Section 3.

If you are representing an applicant who is alive, please provide their details here and then also complete Section 4. A representative can be somebody acting in a formal capacity (such as someone who is legally appointed to act on the applicant's behalf) or in an informal capacity (such as an organisation like an asbestos victims support charity, or a friend or relative).

Is the applicant to the DMPS ☐ the person with diffuse mesothelioma?
☐ a dependant of the person with diffuse mesothelioma?

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other (please specify)

First name(s)

Surname

Address

Contact phone number (if applicable)

National Insurance number

letters		numbers				letter
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Postcode

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

If the applicant to the DMPS is the dependant of the person with diffuse mesothelioma, please provide the name of the person with diffuse mesothelioma below and indicate the dependant's relationship to them.

Name of the person with diffuse mesothelioma

Your relationship to them

If you are the **Personal Representative** of the applicant go to Section 3 

If you are **representing the applicant** go to Section 4 

If you are **the applicant acting in person** go to Section 5 

Section 3 ABOUT THE APPLICANT’S PERSONAL REPRESENTATIVE

This section must **only** be completed by the person who is appealing on behalf of a deceased applicant as their **Personal Representative**. A Personal Representative is someone who administers a deceased person’s estate, either as an executor or as the administrator. For further information about Personal Representatives of applicants to the DMPS, see page 10 of the guidance leaflet SSCS6A.

Please provide the date of death of the applicant

/

/

D

D

M

M

Y

Y

Y

Y

☐ Mr

☐ Mrs

☐ Miss

☐ Ms

☐ Other (please specify)


First name(s)


Surname

Address

Contact phone number

Postcode

If you are representing the Personal Representative of an applicant who has died, please go to Section 4 

Otherwise, now go to Section 5 

Section 4 ABOUT THE APPLICANT'S REPRESENTATIVE

This section should only be completed if the applicant, or the Personal Representative of an applicant who has died, has a representative.

A representative refers to someone who is assisting an applicant who is alive (or assisting the Personal Representative of an applicant who has died) with their appeal. A representative can be acting in a formal capacity (such as someone who is legally appointed to act on the applicant's behalf, like a solicitor) or an informal capacity (such as an asbestos victim's support charity, or a friend or relative). For further information about representatives, see page 11 of the guidance leaflet SSCS6A.

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other (*please specify*)

First name(s)

Surname

Address

Contact phone number

Postcode

--	--	--	--	--	--

If you are a representative of an organisation please tell us below

Name of organisation

Address

Postcode

--	--	--	--	--	--

Now go to Section 5 

Section 5 ABOUT THE APPEAL

Grounds for appeal


In this section the detailed grounds of appeal must be set out. You do not have to use BLOCK CAPITALS in this section if your handwriting is clear. If you do not complete this section this will delay dealing with the appeal and the appeal form may be returned. For more information on grounds for appeal please refer to the 'About Your Appeal' section of the guidance booklet SSCS6A.

(if necessary, continue on a separate sheet)

Is your appeal in time?

According to the law, your appeal **must be received by the Tribunal** no later than one calendar month after the date the **Outcome of Review Notice** was sent to you by the DMPS Scheme Administrator. If your appeal is received after this date, it is a late appeal and the Tribunal will need to know why it is late and may not proceed with your appeal

Is your appeal late?

- ☐ Yes If Yes, you must give reasons below why your appeal is late
- ☐ No If No, please go to Section 6 


If your appeal is late, you must give an explanation why. The Tribunal will consider your reasons and can extend the time limit for you. If you do not give reasons why your appeal is late your appeal form may be sent back to you. Please tell us below why your appeal is late. You do not need to use BLOCK CAPITALS.


The DMPS Scheme Administrator has the right to object to a late appeal. The Tribunal will consider any objection they make and we will let you know the outcome.

Now go to Section 6 

Section 6 ABOUT YOUR CHOICE OF HEARING

Appeals are considered by the First Tier Tribunal, which will comprise an independent panel. HMCTS will make arrangements for the appeal to be considered. You and, if appropriate, your Personal Representative or representative, will be expected to attend the hearing. If, however, you do not wish to attend a hearing the appeal may be decided on the papers. Please tell us below how you would like us to deal with your appeal.

I want to attend a hearing of my appeal ☐ If you have ticked this box, please go to Section 7 

I want my appeal decided on the papers ☐ If you have ticked this box, please go to Section 8 

If you change your mind about this, HMCTS must be told as soon as possible as it may be too late to change this once the hearing has been arranged. For more information, please refer to the 'About Your Choice of Hearing' section in the guidance booklet SSCS6A.

Section 7 THE HEARING — YOUR NEEDS AND REQUIREMENTS

You only need to answer these questions if you told us in Section 6 that you wanted to attend a hearing. If you have asked for your appeal to be decided on the papers, please skip this section and go straight to Section 8.

In this section we need to ask you a number of questions to help us arrange a suitable hearing for you. We will try to accommodate your needs and availability, but it may not always be possible to do this. Please answer questions 1 to 4 to give us the information we require. If you do not answer some of the questions we will have to contact you again and this may delay your appeal. You do not have to answer these questions using BLOCK CAPITALS.

Question 1 – Your availability

Tribunal hearings are held Monday to Friday from 10am to 5pm and in our larger hearing centres also on Saturday. To allow you to attend your hearing, we will try to arrange a time and date in line with your availability. It is important that you tell us here if there are any days of the week or times of the day when you **cannot** attend a tribunal or any dates when you are unavailable because of things like booked holidays and hospital appointments. You should consider your availability for the six months ahead.

Are you available to attend a hearing at any time? ☐ Yes ☐ No If No, please tell us when you cannot attend in the box below

Question 2 – Your needs

Please tell us here about any special needs you may have which we need to take into account when arranging your hearing. This might be things such as hearing loops or disability access.

Do you have any special needs? ☐ Yes If Yes, please tell us about this in the box below ☐ No

Question 3 – Your signer or interpreter and language requirements

Do you require an interpreter or signer to assist you at the hearing?

☐ Yes If Yes, please tell us the language and dialect required below ☐ No

Language or type of sign language interpreter

Dialect

We will arrange for a professional interpreter to be present at the hearing. Please refer to the section 'Completing form SSCS6' in the guidance booklet SSCS6A for more information about interpreters.

Question 4 – Your notice of hearing

We will usually give you at least 14 days' notice of the date of the hearing. If you agree, we can also give you less than 14 days' notice. This may allow the hearing to be arranged more quickly if, for example, another hearing is cancelled and yours can replace it at short notice.

Do you agree to receiving less than 14 days' notice of a hearing? ☐ Yes ☐ No

Section 8 SIGNING THE APPEAL FORM

This appeal form must be signed for it to be valid. Please state in which capacity you are signing this form.

- ☐ I am the applicant acting in person
- ☐ I am the Personal Representative of an applicant who has died and I have completed Section 3
- ☐ I am the representative of the applicant (or of the Personal Representative of an applicant who has died) and your details have been entered in Section 4, **the applicant** (or the Personal Representative of an applicant who has died) must sign this section. This signature will give HMCTS the authority to deal with you as a person acting on behalf of the applicant (or on behalf of the Personal Representative of an applicant who has died).

Signature

Date

		/			/				
D	D		M	M		Y	Y	Y	Y

Name

WHAT TO DO NOW

You need to send this **appeal form** and a copy of the **Outcome of Review Notice** to HM Courts & Tribunals Service.

If you live in England or Wales send your appeal to:

HMCTS SSCS Appeals Centre
PO Box 1203
BRADFORD
BD1 9WP

If you live in Scotland send your appeal to:

HMCTS SSCS Appeals Centre
PO Box 27080
GLASGOW
G2 9HQ

We will send you a letter to tell you we have received your appeal and explain what happens next.

CHECKLIST

You may find this checklist useful to help you make sure you have given all the information we need.

- ☐ I have included a copy of the **Outcome of Review Notice (Section 1)**
- ☐ I have given grounds for my appeal (**Section 5**)
- ☐ I have chosen the type of hearing I want (**Section 6**)
- ☐ I or my representative have signed my appeal form (**Section 8**)

Alternative Formats

If you need this form in an alternative format, for example in large print or Welsh, please call 0300 123 1142 if you live in England or Wales and 0141 354 8400 if you live in Scotland.

